## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together

applicable fee(s), to: Mail

Mail Stop IS FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



(703) 746-4000 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee sufficient in the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee sufficient in the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee sufficient in the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee sufficient in the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee sufficient in the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee sufficient in the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee sufficient in the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee sufficient in the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee sufficient in the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee sufficient in the current correspondence address in the current correspon maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 23117 7590 01/04/2005 NIXON & VANDERHYE. PC Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. 1100 N GLEBE ROAD 8TH FLOOR ARLINGTON, VA 22201-4714 (Signature) (Date FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. 10/751,105 01/05/2004 Harald Jacobsson 4127-12 03/21/2005 SZEWDIE2 00000158 10751105 TITLE OF INVENTION: OSCILLATOR 01 FC:1501 1400.00 OP 02 FC:1504 300.00 OP PUBLICATION FEE ISSUE FEE APPLN, TYPE **SMALL ENTITY** TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 04/04/2005 **EXAMINER** CLASS-SUBCLASS ART UNIT CHANG, JOSEPH 2817 331-11700R Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list INIXON & VANDERHYE P.C. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Telefonaktiebolaget LM Ericsson (publ) Stockholm, Sweden Individual Corporation or other private group entity Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed.

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if poquired) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. March 18, 2005 Authorized Signature Date

Payment by credit card. Form PTO-2038 is attached.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Publication Fee (No small entity discount permitted)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

<u>John R. Lastova</u>

5. Change in Entity Status (from status indicated above)

Advance Order - # of Copies\_

Typed or printed name

The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this form).

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Registration No. 33, 149